



Public Health
England

Protecting and improving the nation's health

Child development outcomes at 2 - 2½ years

2017/18 Annual Data

Statistical Commentary (October 2018 release)

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Main findings

The proportion of children at or above the expected level in all five areas of development in England is 83.3% (with confidence intervals 83.2% - 83.5%) for 2017/18.

The proportion of children at or above the expected level in all five areas of development at a PHE centre level can be published for all PHE Centres.

The proportion of children at or above the expected level in all five areas of development can be published for 77 local authorities with complete submissions, and percentages range from 31.4% to 95.9%.

This statistical commentary should be considered alongside the 2017/18 Child development outcomes at 2 – 2½ years statistical release, which can be found at <https://www.gov.uk/government/publications/child-development-outcomes-at-2-to-2-and-a-half-years-metrics-2017-to-2018>.

Please treat the figures with caution. Where totals are presented for England and PHE centres, these are aggregate totals of the areas that submitted information and passed initial validation

Indicator	Quarter 1 England value	Quarter 2 England value	Quarter 3 England value	Quarter 4 England value	2017/18 England value
C6iii: children who were at or above the expected level in communication skills %	84.0% (83.7 - 84.3)	87.7% (87.5 - 88.0)	89.7% (89.5 - 89.9)	88.3% (88.1 - 88.5)	88.8% (88.7 - 88.9)
C6iv: children who were at or above the expected level in gross motor skills %	87.9% (87.6 - 88.1)	91.4% (91.2 - 91.7)	92.9% (92.7 - 93.1)	91.4% (91.2 - 91.6)	91.5% (91.4 - 91.6)
C6v: children who were at or above the expected level in fine motor skills %	88.3% (88.0 - 88.5)	91.8% (91.6 - 92.0)	93.1% (92.9 - 93.3)	91.9% (91.7 - 92.0)	92.0% (91.9 - 92.1)
C6vi: children who were at or above the expected level in problem solving skills %	88.1% (87.9 - 88.4)	91.7% (91.5 - 91.9)	93.4% (93.2 - 93.6)	91.8% (91.7 - 92.0)	91.9% (91.8 - 92.0)
C6vii: children who were at or above the expected level in personal-social skills %	87.8% (87.5 - 88.1)	91.4% (91.2 - 91.6)	92.4% (92.2 - 92.6)	91.1% (90.9 - 91.3)	91.3% (91.2 - 91.4)
C6viii: children who were at or above the expected level in all five areas of development %	80.3% (80.0 - 80.7)	83.5% (83.2 - 83.8)	83.8% (83.5 - 84.1)	82.7% (82.4 - 83.0)	83.3% (83.2 - 83.5)

Background

From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday. The Ages and Stages Questionnaire (ASQ-3™) was identified through research to be suitable for generating data for a population measure of child development outcomes and from testing with parents and professionals to be acceptable for use in practice.

ASQ-3™ is not a screening tool, but does provide an objective measure of development and allows comparisons to be made helping to identify children who are not developing as expected and supporting decisions on closer monitoring of progress or targeting of services. Dimensions of development which are tested include communication, gross motor, fine motor, problem solving and social / emotional skills.

In October 2015, the responsibility for commissioning children's public health for the 0 to 5 years' population transferred from NHS England to local authorities. To support this transfer, Public Health England established an interim data collection for a number of key performance indicators associated with these services, which it is critical to monitor and report. The strategic reporting solution hosted by NHS Digital, the Community Services Dataset, is collecting relevant data items directly from providers' systems and in time will take on reporting of these indicators. This data, which is intended to support the generation of indicators for the Public Health Outcomes Framework, is continually increasing in coverage and quality.

The information on child development outcomes in this publication has been obtained via the interim reporting system. It was submitted to PHE by local authorities on a voluntary basis. It covers Quarters 1-4 2017/18, which are the first four reporting periods for the child development outcomes. The full service data can be found at <https://www.gov.uk/government/publications/child-development-outcomes-at-2-to-2-and-a-half-years-metrics-2017-to-2018>.

The data on child development outcomes reported here are from supplementary metrics for the number of health visitor reviews completed at 2-2½ years using ASQ-3™ (Ages and Stages Questionnaire):

- C6iii: percentage of children who were at or above the expected level in communication skills
- C6iv: percentage of children who were at or above the expected level in gross motor skills
- C6v: percentage of children who were at or above the expected level in fine motor skills
- C6vi: percentage of children who were at or above the expected level in problem solving skills
- C6vii: percentage of children who were at or above the expected level in personal-social skills

- C6viii: percentage of children who were at or above the expected level in all five areas of development

These metrics are presented as management information and are reported by local authority, PHE centre and England level.

Data collection method

An interim reporting system is hosted on the Local Government Association (LGA) website to collect the data on health visiting indicators. The reporting window for revisions of Quarter 1-4 data was 6 August to 14 September 2018.

To support local authorities in submitting data, detailed guidance was circulated to explain how analysts and commissioners in local authorities should submit health-visiting indicators. A dedicated mailbox (interimreporting@phe.gov.uk) was also in place to respond to questions and comments.

Once the collection window closes the data received is centrally collated, validated and reported. This process will be repeated quarterly.

Data quality

The following data relates to the whole of 2017/18 based on refreshed data for Quarters 1-4.

Prior to validation, a process of estimation was applied to any local authority data where numerical data were submitted for only 3 quarters in 2017/18. An annual numerator and denominator were estimated from 'scaling up' the three supplied numerators and denominators.

Validation rules

Areas which submit DK (don't know) for any metric are classed as incomplete submissions and are excluded from the relevant metric.

All complete submissions are included in their respective PHE centre and the England aggregate calculations.

A comprehensive breakdown of the results following the application of the validation can be found in the publication at <https://www.gov.uk/government/publications/child-development-outcomes-at-2-to-2-and-a-half-years-metrics-2017-to-2018>.

Summary of 2017/18 Annual Data

Indicator C6iii: percentage of children who were at or above the expected level in communication skills

The aggregate percentage of children at or above the expected level in communications skills (indicator C6iii) for England for 2017/18 is 88.8% (with confidence intervals of 88.7% – 88.9%).

Values for percentages of children at or above the expected level in communications skills could be published for all PHE centres for 2017/18. Values ranged from 78.1% to 91.6%.

The percentage of children at or above the expected level in communications skills could be published for 78 local authorities who submitted sufficient data to calculate an annual figure. Values ranged from 30.2% to 96.8%, with the majority of areas with complete submissions (71) reporting between 80% and 100%.

Indicator C6iv percentage of children who were at or above the expected level in gross motor skills

The aggregate percentage of children at or above the expected level in gross motor skills (indicator C6iv) for England for 2017/18 is 91.5% (with confidence intervals of 91.4% – 91.6%).

Values for percentages of children at or above the expected level in gross motor skills could be published for all PHE centres for 2017/18. Values ranged from 79.9% to 95.0%.

The percentage of children at or above the expected level in gross motor skills could be published for 78 local authorities who submitted sufficient data to calculate an annual figure. Values ranged from 30.7% to 98.3%, with the majority of areas with complete submissions (72) reporting between 80% and 100%.

Indicator C6v percentage of children who were at or above the expected level in fine motor skills

The aggregate percentage of children at or above the expected level in fine motor skills (indicator C6v) for England for 2017/18 is 92.0% (with confidence intervals of 91.9% – 92.1%).

Values for percentages of children at or above the expected level in fine motor skills could be published for all PHE centres for 2017/18. Values ranged from 80.4% to 95.2%.

The percentage of children at or above the expected level in fine motor skills could be published for 78 local authorities who submitted sufficient data to calculate an annual figure. Values ranged from 32.7% to 99.5%, with the majority of areas with complete submissions (72) reporting between 80% and 100%.

Indicator C6vi percentage of children who were at or above the expected level in problem solving skills

The aggregate percentage of children at or above the expected level in problem solving skills (indicator C6vi) for England for 2017/18 is 91.9% (with confidence intervals of 91.8% – 92.0%).

Values for percentages of children at or above the expected level in problem solving skills could be published for all PHE centres for 2017/18. Values ranged from 80.1% to 95.3%.

The percentage of children at or above the expected level in problem solving skills could be published for 78 local authorities who submitted sufficient data to calculate an annual figure. Values ranged from 31.7% to 98.2%, with the majority of areas with complete submissions (73) reporting between 80% and 100%.

Indicator C6vii percentage of children who were at or above the expected level in personal-social skills

The aggregate percentage of children at or above the expected level in personal-social skills (indicator C6vii) for England for 2017/18 is 91.3% (with confidence intervals of 91.2% – 91.4%).

Values for percentages of children at or above the expected level in personal-social skills could be published for all PHE centres for 2017/18. Values ranged from 79.6% to 94.8%.

The percentage of children at or above the expected level in personal-social skills could be published for 78 local authorities who submitted sufficient data to calculate an annual figure. Values ranged from 31.4% to 98.4%, with the majority of areas with complete submissions (72) reporting between 80% and 100%.

Indicator C6viii percentage of children who were at or above the expected level in all five areas of development

The aggregate percentage of children at or above the expected level in all five areas of development (indicator C6viii) for England for 2017/18 is 83.3% (with confidence intervals of 83.2% – 83.5%).

Values for percentages of children at or above the expected level in all five areas of development could be published for all PHE centres for 2017/18. Values ranged from 74.8% to 86.3%.

The percentage of children at or above the expected level in all five areas of development could be published for 77 local authorities who submitted sufficient data to calculate an annual figure. Values ranged from 31.4% to 95.9%, with the majority of areas with complete submissions (60) reporting between 80% and 100%.

Data quality notes

When making a submission, local authorities have the opportunity to enter comments in a free text box to explain any issues with reporting. During the 2017/18 submission, comments were received from 33 local authorities related to child development outcomes, of collective interest:

33 local authorities reported they knew, or suspected, that they had made an incomplete submission. This may include receiving confirmation of nil returns from neighbouring authorities.

14 local authorities reported that recent migration to a new Child Health Information System or problems with their existing system had impacted on their ability to submit, or on the short-term reliability of the figures.

3 local authorities submitted data which is not internally consistent, such as data for sub-indicators C6iii-C6vii but no data for indicator C6viii, or data for indicator C6viii but missing data for one or more sub-indicators.